

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155671		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/31/2011	
NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1143 23RD ST TELL CITY, IN47586			
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F0000	<p>This visit was for Investigation of Complaints IN00094418 and IN00094420.</p> <p>Complaint IN00094418 - Substantiated. Federal/state deficiency related to the allegations is cited at F203.</p> <p>Complaint IN00094420 - Substantiated. Federal/state deficiency related to the allegations is cited at F329.</p> <p>Survey dates: August 30 and 31, 2011</p> <p>Facility number: 002512 Provider number: 155671 AIM number: 200278690</p> <p>Survey team: Jennie Bartelt, RN</p> <p>Census bed type: SNF: 16 SNF/NF: 67 Residential: 21 Total: 104</p> <p>Census payor type: Medicare: 24 Medicaid: 36 Other: 44 Total: 104</p>			F0000	<p>The submission of this plan of correction does not indicate an admission by Oakwood Health Campus that the findings and allegations contained herein are an accurate true representation of the quality of care and services provided to the residents of Oakwood Health Campus. This facility recognized its obligation to provide legally and medically necessary care and services to its residents in a economic and efficient manner. The campus hereby maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities (for title 18/19 programs). To this end, this plan of correction shall serve as credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Sample: 5  These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.  Quality review completed on September 1, 2011 by Bev Faulkner, RN						

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F0203 SS=D	<p>Before a facility transfers or discharges a resident, the facility must notify the resident and, if known, a family member or legal representative of the resident of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand; record the reasons in the resident's clinical record; and include in the notice the items described in paragraph (a)(6) of this section.</p> <p>Except when specified in paragraph (a)(5)(ii) of this section, the notice of transfer or discharge required under paragraph (a)(4) of this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>Notice may be made as soon as practicable before transfer or discharge when the health of individuals in the facility would be endangered under (a)(2)(iv) of this section; the resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (a)(2)(i) of this section; an immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (a)(2)(ii) of this section; or a resident has not resided in the facility for 30 days.</p> <p>The written notice specified in paragraph (a) (4) of this section must include the reason for transfer or discharge; the effective date of transfer or discharge; the location to which the resident is transferred or discharged; a statement that the resident has the right to appeal the action to the State; the name, address and telephone number of the State long term care ombudsman; for nursing facility residents with developmental disabilities, the mailing address and telephone</p>						

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	<p>number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act; and for nursing facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>Based on record review and interview, the facility failed to ensure residents were issued a Notice of Transfer or Discharge which included all the required information for 3 of 3 residents reviewed related to discharge to an inpatient hospital behavior unit in a sample of 5 residents. (Residents B, C, and F)</p> <p>Findings include:</p> <p>1. The clinical record for Resident B was reviewed on 8/30/11 at 2:30 p.m.</p> <p>Nurse's Notes for 6/23/11 at 12:30 p.m., indicated, "Resident noted to have physical aggression [symbol for with] staff at this time, resident hitting, kicking et [and] scratching CNAs attempting to do ADLs [activities of daily living]; resident not easily redirected at this time; MD [name of attending physician] notified of incident [symbol for with] N.O. [new order] to send to behavior unit for eval [evaluation] and tx [treatment], resident</p>			F0203	<p>Residents B, C and F suffered no ill effects from the alleged deficiency as stated in the 2567. All residents have the potential to be affected and through in-service and alteration in procedures will ensure that notice of transfer/discharge is issued at time of transfer and contains all required information. Completion date 9/30/2011 Systemic change will be the use of a notice of transfer or discharge form that contains the local ombudsman contact information and a Discharge/Bedhold policy signed on admission. Completion date 9/30/2011 Staff in-serviced on transfer/discharge notice and requirement to notify legal representative at time of transfer. Completion date 9/30/2011 Director of Social Services/Designee will monitor transfer forms daily and confirm the notification occurs at time of transfer. Results of monitoring will be forwarded to QA committee monthly x6 months and quarterly thereafter.</p>		09/30/2011

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	<p>refuses staff to obtain vital signs, resident presently laying [sic] in bed [symbol for with] eyes closed. Family here at bedside, is aware of orders from MD, [symbol for no] C/O [complaints of] voiced, social services notified as well, will monitor resident."</p> <p>The next note on 6/23/11 at 7:00 p.m., indicated the resident left the facility by ambulance.</p> <p>Documentation throughout the record failed to indicate the resident or resident's family was issued a Notice of Transfer or Discharge at the time of transfer.</p> <p>Nurse's Notes on 6/26/11 at 12:30 p.m., indicated the resident returned to the facility on that date. The note indicated the resident was treated for medical problems of urinary tract infection and dehydration, and the family had declined for the resident to be treated for behaviors at the hospital behavior unit.</p> <p>Nurse's Notes on 6/28/11 at 1:50 p.m., indicated the resident was transferred to a behavior unit at a different hospital.</p> <p>A copy of a Notice of Transfer and Discharge, dated 6/28/11, was in the clinical record and failed to include information on the name and address of</p>						

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	<p>the local long term care ombudsman. The area of the Notice of Transfer or Discharge form related to the information about the local long term care ombudsman was left blank.</p> <p>During interview on 8/31/11 at 4:25 p.m., the Medical Records Director indicated a Notice of Transfer or Discharge for 6/23/11 could not be located for Resident B.</p> <p>2. The clinical record for Resident F was reviewed on 8/30/11 at 4:25 p.m.</p> <p>Nurse's Notes for 6/29/11 at 10:45 a.m., indicated, "Res [resident] ambulating down HC [Health Care] 100 Hall hallway - stated 'I'm going to kill someone' - CNA followed Res down hall. CNA reports that when this res entered his room he charged @ roommate stating he was going to kill him. CNA reports she stood between residents. This resident left room accompanied by staff. States 'he has stepped on my foot too many times.' Social Services notified immediately. 1:1 [one on one monitoring] initiated [symbol for with] this res. Res roommate reassured of safety."</p> <p>Nurse's Notes on 6/29/11 at 12:45 p.m., indicated a physician's order was received for transfer of the resident to a hospital</p>						

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	<p>behavior unit.</p> <p>A Resident Transfer Form indicated the resident was transferred on 6/29/11.</p> <p>Documentation in the record failed to indicate a Notice of Transfer or Discharge was issued to the resident or family.</p> <p>On 8/30/11 at 6:00 p.m., the Medical Record Supervisor indicated she was unable to locate documentation of a Notice of Transfer or Discharge issued for Resident F.</p> <p>3. The clinical record for Resident C was reviewed on 8/30/11 at 6:15 p.m.</p> <p>Nurse's Notes on 7/29/11 at 9:50 a.m., indicated, "Call received from son [name] stated res called him et said 'I want you to take me to the river and drown me.' Son said he ended the phone call. Son requested this writer check on res. This writer went to check on res asked res if he needed a drink, snack, toileting, or if he would like to sit in his recliner, res state 'No, I just want to go home.' This writer offered encouragement, res sitting in w/c in room @ this X [time]. SRB [self release belt] on et functioning appropriately. Call light within reach."</p> <p>Nurse's Notes on 7/29/11 at 10:40 a.m.,</p>						

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	<p>indicated, "This writer &amp; 2 CNAs were providing care in room [number of another resident's room] when van driver knocked on door et stated res was lying on his floor in his room. When this nurse entered et CNAs entered room res was lying on his stomach on the floor in front of his w/c [wheel chair], SRB alarm was sounding. res was assessed et found to have no new visible injuries, old S/T [skin tear] on L [left] elbow noted to be re-opened et bleeding, first aid provided. Neuro [check mark]s WNL [within normal limits]....When asked how he fell, res stated, 'I just wanted out of this' and gestured to his SRB. [Name of attending physician] was called et notified per [name], RN, DHS [Director of Health Services], order rc'd [received] may transfer to [name of hospital] for psych [psychiatric] eval et tx. [Name of attending physician] called son [name] to notify of fall et order for psych placement...."</p> <p>The record indicated a Notice of Transfer or Discharge, dated 7/29/11, with the following information blank: Resident is being transferred to: Another Health Facility (Please Specify Facility Name); Transfer or Discharge to Address (number and street); Transfer/Discharge to City, State, ZIP Code; and Your Local Ombudsman: Name, Telephone Number,</p>						

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	<p>and Address (number and street, city, state and ZIP code).</p> <p>During interview on 8/31/11 at 3:00 p.m., with the DHS and Social Worker, they indicated completing the Notice of Transfer and Discharge was a nursing responsibility.</p> <p>This federal tag is related to Complaint IN00094418.</p> <p>3.1-12(a)(9)(A) 3.1-12(a)(9)(B) 3.1-12(a)(9)(C) 3.1-12(a)(9)(D) 3.1-12(a)(9)(E) 3.1-12(a)(9)(F) 3.1-12(a)(9)(G)</p>						

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F0329 SS=D	<p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure an attempt at gradual dose reduction of an antipsychotic medication for 1 of 5 residents reviewed related to psychotropic</p>			F0329	<p>Resident D is receiving dose reduction plan to d/c antipsychotic medication per family request. Completion date 9/27/2011 All residents receiving antipsychotic medications have the potential to be affected by the alleged deficient practice therefore DHS/designee have reviewed their medications and evaluation of necessity with physician for continued use. Completion date 9/30/2011 Licensed nursing personnel and Social Service Director in-serviced on indications for use of antipsychotic medication and lowest therapeutic dose as well as requirement for dosage reductions per OBRA</p>		09/30/2011

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	<p>medications in a sample of 5 residents. (Resident D)</p> <p>Findings include:</p> <p>The clinical record for Resident D was reviewed on 8/30/11 at 5:10 p.m. The record indicated the resident was originally admitted on 4/11/10 and readmitted on 4/26/10 and most recently readmitted on 7/29/11, following a fall with hip fracture.</p> <p>A physician's History</p>				<p>guidelines. Completion date 9/30/2011 SSD/designee will monitor Diagnoses that support use of antipsychotic medication as well as active behaviors daily and when reduction of medication is reasonable based on those behaviors to request from physician. Completion date 9/30/2011 Results of audits and complete list of those residents receiving antipsychotic medications will be forwarded to QA committee monthly x12 months for review and suggestion.</p>		

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	<p>and Physical Exam, dated 4/8/10, indicated the resident was seen by the attending physician at a clinic visit. The History of Present Illness indicated the family was concerned about the resident living alone at home. The Current Medications did not indicate the resident was on Seroquel [antipsychotic] at home.</p> <p>The attending physician's Admission Examination, dated 4/28/10, indicated, "Behavior Problems: Paranoid @ times,</p>						

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	<p>appears anxious &amp; depressed."</p> <p>Physician's orders for August 2011 included, but were not limited to, an order originally received 4/26/10 for "Seroquel 300 mg tablet, give 1 tab orally every 1700 [5:00 p.m.]"</p> <p>A Note to Attending Physician/Prescriber, dated 4/21/11, and signed by the Registered Pharmacist, indicated, "...This resident is currently receiving the following antipsychotic:</p>						

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	<p>Seroquel 300 mg at 1800 [6:00 p.m.] since April 2010. Please evaluate therapy at this time." A check mark was placed next to, "GDR [gradual dose reduction] contraindicated; patient likely to experience exacerbation of symptoms." The documentation was signed by the physician on 4/22/11.</p> <p>The Resident Care Plan with the date of 7/29/11 indicated a problem for "Psychotropic Drug Use. Use of psychotropic drug</p>						

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	<p>places resident at risk for drug-related: [check mark next to] gait disturbance."</p> <p>Interventions included, but were not limited to, "Work with physician/pharmacy to provide lowest therapeutic dose."</p> <p>During interview on 8/31/11 at 3:30 p.m., the Social Worker indicated she was unsure why the physician did not agree to an attempt at gradual dose reduction of Seroquel for Resident D. The Social Worker</p>						

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	<p>indicated the resident's only behavior was resistance to care, and she indicated she had no record of that behavior when she checked the computerized records of behaviors for Resident D for recent months. The Social Worker indicated maybe the physician talked to the family or had other knowledge from the resident's history related to the use of the antipsychotic.</p> <p>This federal tag is related to Complaint IN00094420.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155671		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 08/31/2011	
NAME OF PROVIDER OR SUPPLIER  OAKWOOD HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1143 23RD ST TELL CITY, IN47586			
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	3.1-48(b)(2) 3.1-48(b)(4)						